

TENNESSEE COMPREHENSIVE ASSESSMENT PROGRAM ALTERNATE ASSESSMENT – PORTFOLIO OPTION REPORT OF IRREGULARITY

This form is to be used only if any of the following irregularities occurred. <u>Include attendance record with report</u>. A Report of Irregularity should be completed for individual students and placed within the portfolio assessment, as needed. The original form should be returned to the Special Education Assessment Consultant, Division of Special Education, 7th Floor Andrew Johnson Tower, 710 James Robertson Parkway, Nashville, TN 37243-0380. Copies should be kept within the system.

- □ A. The student transferred from an out of state school after December 31st. Portfolio must be scored using the Modified Rubric. (Give complete documentation regarding enrollment.)
- B. The student transferred from a Tennessee school after December 31st and no assessment documentation was available. Portfolio must be scored using the regular rubric. (Give documentation regarding enrollment and system from which the student transferred.)
- □ **C.** The student's medically related absences were frequent and/or prolonged (present 40% or less during the each data period). Portfolio must be scored using the Modified Rubric. (Give complete documentation regarding absences.)
- □ **D.** Student attends school using an abbreviated schedule. Portfolio must be scored using the Modified Rubric. (Give complete documentation regarding enrollment.)
- □ E. The student is receiving homebound services. Portfolio must be scored using the Homebound Rubric. Note: The student should have full homebound status in order to use the Homebound Rubric. If student has received homebound services for part of the year, contact the State's Special Education Assessment Consultant at (615) 532-9702 for instructions regarding use of the appropriate scoring rubric. (Give documentation regarding homebound status.)
- □ **F.** The student transferred from an out of state school between February 1st and the end of the TCAP-Alt Assessment due date. No portfolio assessment will be required. (Give documentation regarding enrollment.)
- □ **G.** Medical exemption is in effect. (Original approved medical exemption on file at the State Department of Education and copy with approval stamp on file in LEA.)

System		School	
System #	School #	Grade	Date
Student Name:		SSN:	
Student's Teacher		Signature_	
Principal		Signature	
Attach all documentation	n, attendance record	d, and TCAP-Alt Informa	ation Sheet to report:
System Special Educati	on Supervisor's Sig	nature	
System Testing Coordin	ator's Signature		